

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023150

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3137VS 300
Rev. 4/59

1
2 3508
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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF BIRTH JUL 6 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI b. COUNTY JACKSON	c. CITY OR TOWN KANSAS CITY
Length of stay in 1b 32 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) 101 EAST 36TH STREET NEW HOPE NURSING HOME		d. STREET ADDRESS (If outside, give location) 3522 WALNUT STREET	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ETHEL D. JENKINS		4. DATE OF DEATH Month Day Year JUNE 13 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/17/84
9. AGE (last birthday) 78		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPING & AUDITOR		10b. KIND OF BUSINESS OR INDUSTRY SHOW BUSINESS	
11. BIRTHPLACE (City and state or country) TERRA HAUTE, IND.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME BENJAMIN DONAWAY		13b. MOTHER'S MAIDEN NAME LOTTIE J. HANCOCK	
14. NAME OF HUSBAND OR WIFE FRANK M. JENKINS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address 3623 ROBERTS MRS. EDNA SAMUELSON KANSAS CITY, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis - Hypertension - Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5 yrs. 5 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 11:00		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 1957 to June 13, 1962 and last saw her live on 6-13-62		Death occurred at P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M.B. Casebolt (Degree or title) M.B. Casebolt M.D.		22b. ADDRESS 4000 Baltimore Rd - EMO	
22c. DATE SIGNED 6/13/62		23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	
23b. DATE JUNE 14, 1962		23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
23d. LOCATION (City, town, or county) KANSAS CITY		23e. STATE MISSOURI	
24. FUNERAL DIRECTOR ADDRESS 1331 BRUSH CR D.W. NEWCOMER'S SONS KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 6-14-62	
26. REGISTRAR'S SIGNATURE Ruth H. Long			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Milton Bradford Caswell - Va 1-5115
4000 B. 21st Ave. Lawrence
2:30-6:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.